

**Political Organization
Report of Contributions and Expenditures**

OMB No. 1545-1696

► See separate instructions.

A For the period beginning 01/01/2013 **and ending** 07/31/2013

B Check applicable box: ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization WISCONSIN COUNCIL 40 PEOPLE FUND **Employer identification number** 81 - 0555114

2 Mailing address (P.O. box or number, street, and room or suite number)
8033 EXCELSIOR DRIVE SUITE B

City or town, state, and ZIP code
MADISON, WI 53717 - 2900

3 E-mail address of organization: rbadger@afscme40.org **4 Date organization was formed:** 09/01/1977

5a Name of custodian of records RICHARD C. BADGER **5b Custodian's address** 8033 EXCELSIOR DRIVE SUITE B
MADISON, WI 53717 - 2900

6a Name of contact person RICHARD C. BADGER **6b Contact person's address** 8033 EXCELSIOR DRIVE SUITE B
MADISON, WI 53717 - 2900

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
8033 EXCELSIOR DRIVE SUITE B

City or town, state, and ZIP code
MADISON, WI 53717 - 2900

8 Type of report (check only one box)

- ☐ First quarterly report (due by April 15)
☐ Second quarterly report (due by July 15)
☐ Third quarterly report (due by October 15)
☐ Year-end report (due by January 31)
☐ Mid-year report (Non-election year only-due by July 31)
- ☒ Monthly report for the month of: July
(due by the 20th day following the month shown above, except the December report, which is due by January 31)
☐ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election:
(2) Date of election:
(3) For the state of:
☐ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

9 Total amount of reported contributions (total from all attached Schedules A) **9. \$** 0

10 Total amount of reported expenditures (total from all attached Schedules B) **10. \$** 14231

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

RICHARD C BADGER

08/19/2013

**Sign
Here**



Signature of authorized official



Date

Schedule B Itemized Expenditures		Schedule B
Recipient's name, mailing address and ZIP code SHAELA LEIBFRIED 629 W LINCOLN ROAD NEW RICHMOND, WI 54017 -	Name of recipient's employer ST CROIX CO HEALTH CARE CTR Recipients's occupation UNKNOWN	Amount of Expenditure \$ 249 Date of expenditure 01/28/2013
Purpose of expenditure REIMBURSED EXPENSES - COMMITTEE MEETING(S)		
Recipient's name, mailing address and ZIP code RODNEY KONGSHAUG PO BOX 14 SPRING VALLEY, WI 54767 -	Name of recipient's employer ST CROIX CO HIGHWAY Recipients's occupation UNKNOWN	Amount of Expenditure \$ 612 Date of expenditure 07/18/2013
Purpose of expenditure REIMBURSED EXPENSES - COMMITTEE MEETING(S)		
Recipient's name, mailing address and ZIP code JAMES GARITY 1066 CARRIAGE WAY PALMYRA, WI 53156 -	Name of recipient's employer JEFFERSON CO HWY DEPARTMENT Recipients's occupation HIGHWAY WORKER	Amount of Expenditure \$ 216 Date of expenditure 07/23/2013
Purpose of expenditure REIMBURSED EXPENSES - COMMITTEE MEETING(S)		
Recipient's name, mailing address and ZIP code EDWARD LAMBERT 2504 NORTH 16TH STREET SUPERIOR, WI 54880 -	Name of recipient's employer N/A Recipients's occupation RETIRED	Amount of Expenditure \$ 472 Date of expenditure 03/06/2013
Purpose of expenditure REIMBURSED EXPENSES - COMMITTEE MEETING(S)		
Recipient's name, mailing address and ZIP code SHAELA LEIBFRIED 629 W LINCOLN ROAD NEW RICHMOND, WI 54017 -	Name of recipient's employer ST CROIX CO HEALTH CARE CTR Recipients's occupation UNKNOWN	Amount of Expenditure \$ 507 Date of expenditure 07/18/2013
Purpose of expenditure REIMBURSED EXPENSES - COMMITTEE MEETING(S)		
Recipient's name, mailing address and ZIP code JAMES GARITY 1066 CARRIAGE WAY PALMYRA, WI 53156 -	Name of recipient's employer JEFFERSON CO HWY DEPARTMENT Recipients's occupation HIGHWAY WORKER	Amount of Expenditure \$ 70 Date of expenditure 01/28/2013
Purpose of expenditure REIMBURSED EXPENSES - COMMITTEE MEETING(S)		
Recipient's name, mailing address and ZIP code DIANE COX 540 S ROSA STREET RICHLAND CENTER, WI 53581 -	Name of recipient's employer RICHLAND CO SOCIAL SERVICES Recipients's occupation SOCIAL WORKER	Amount of Expenditure \$ 270 Date of expenditure 07/18/2013
Purpose of expenditure REIMBURSED EXPENSES - COMMITTEE MEETING(S)		
Recipient's name, mailing address and ZIP code JAMES GARITY 1066 CARRIAGE WAY PALMYRA, WI 53156 -	Name of recipient's employer JEFFERSON CO HWY DEPARTMENT Recipients's occupation HIGHWAY WORKER	Amount of Expenditure \$ 153 Date of expenditure 07/18/2013
Purpose of expenditure REIMBURSED EXPENSES - COMMITTEE MEETING(S)		
Recipient's name, mailing address and ZIP code DIANE COX 540 S ROSA STREET RICHLAND CENTER, WI 53581 -	Name of recipient's employer RICHLAND CO SOCIAL SERVICES Recipients's occupation SOCIAL WORKER	Amount of Expenditure \$ 186 Date of expenditure 07/23/2013
Purpose of expenditure REIMBURSED EXPENSES - COMMITTEE MEETING(S)		

Recipient's name, mailing address and ZIP code PEOPLE CONF CENTRAL FUND 8033 EXCELSIOR DRIVE, SUITE A MADISON, WI 53717 -	Name of recipient's employer N/A Recipients's occupation N/A	Amount of Expenditure \$ 10473 Date of expenditure 07/10/2013
Purpose of expenditure CONTRIBUTION		
Recipient's name, mailing address and ZIP code JAMES GARITY 1066 CARRIAGE WAY PALMYRA, WI 53156 -	Name of recipient's employer JEFFERSON CO HWY DEPARTMENT Recipients's occupation HIGHWAY WORKER	Amount of Expenditure \$ 70 Date of expenditure 03/06/2013
Purpose of expenditure REIMBURSED EXPENSES - COMMITTEE MEETING(S)		
Recipient's name, mailing address and ZIP code SARAH KENNEDY 2216 - 11 AVE E, APT 4 MENOMONIE, WI 54751 -	Name of recipient's employer N/A Recipients's occupation RETIRED	Amount of Expenditure \$ 304 Date of expenditure 03/06/2013
Purpose of expenditure REIMBURSED EXPENSES - COMMITTEE MEETING(S)		
Recipient's name, mailing address and ZIP code EDWARD LAMBERT 2504 NORTH 16TH STREET SUPERIOR, WI 54880 -	Name of recipient's employer N/A Recipients's occupation RETIRED	Amount of Expenditure \$ 160 Date of expenditure 07/23/2013
Purpose of expenditure REIMBURSED EXPENSES - COMMITTEE MEETING(S)		
Recipient's name, mailing address and ZIP code DIANE COX 540 S ROSA STREET RICHLAND CENTER, WI 53581 -	Name of recipient's employer RICHLAND CO SOCIAL SERVICES Recipients's occupation SOCIAL WORKER	Amount of Expenditure \$ 62 Date of expenditure 01/28/2013
Purpose of expenditure REIMBURSED EXPENSES - COMMITTEE MEETING(S)		
Recipient's name, mailing address and ZIP code SARAH KENNEDY 2216 - 11 AVE E, APT 4 MENOMONIE, WI 54751 -	Name of recipient's employer N/A Recipients's occupation RETIRED	Amount of Expenditure \$ 365 Date of expenditure 07/18/2013
Purpose of expenditure REIMBURSED EXPENSES - COMMITTEE MEETING(S)		
Recipient's name, mailing address and ZIP code DIANE COX 540 S ROSA STREET RICHLAND CENTER, WI 53581 -	Name of recipient's employer RICHLAND CO SOCIAL SERVICES Recipients's occupation SOCIAL WORKER	Amount of Expenditure \$ 62 Date of expenditure 03/06/2013
Purpose of expenditure REIMBURSED EXPENSES - COMMITTEE MEETING(S)		